CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Ciby Clerk SFOffice ceived

COVER PAGE

MAR 01 2019

A PUBLIC DOCUMENT RECEIVED Please type or print in ink. (FIRST) NAME OF FILER (LAST) Chua Evelyn 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position Planning Commission Alternate Member ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: __ 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State ☐ Multi-County _ County of _____ ∠ City of Milpitas 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through Leaving Office: Date Left ______ (Check one circle.) December 31, 2018. The period covered is _______ through O The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018. Assuming Office: Date assumed _____/____ O The period covered is ______, through the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: _ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: __ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) CA 95035 455 E Calaveras Blvd Milpitas EMAIL ADDRESS DAYTIME TELEPHONE NUMBER CHUALEVELYN @ GMAIL, COM I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Date Signed _ (File the originally signed paper statement with your filing official.) (month, day, year)



STATEMENT OF ECONOMIC INTERESTS

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A PUBLIC DOCUMENT

Date Initial Filing Received City Clerk 5 Office

MAR 01 2019

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	
Ciardella	Lawrence	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Milpitas		
Division, Board, Department, District, if a	pplicable Your	Position
Planning Commission	Со	mmissioner
▶ If filing for multiple positions, list belo	w or on an attachment. (Do not use acronyms)	
Agency:	Pos	ition:
2. Jurisdiction of Office (Check a	at least one box)	
State	, 🔲 Ju	dge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County	Co	ounty of
☑ Milpitas		her
E Oity Oi		
3. Type of Statement (Check at le	ast one box)	1
Annual: The period covered is Jar December 31, 2018.	uary 1, 2018, through	eaving Office: Date Left/(Check one circle.)
-or- The period covered is December 31, 2018.		The period covered is January 1, 2018, through the date of leaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought, if different	than Part 1:
4. Schedule Summary (must c	omplete) Total number of pages	including this cover page:
Schedules attached	omploto, Protai number of pages	, moraling this cover page.
	shedule attached Schedule	C - Income, Loans, & Business Positions – schedule attached
☐ Schedule A-1 - Investments – s ☐ Schedule A-2 - Investments – s	<u></u>	D - Income - Gifts - schedule attached
Schedule B - Real Property - s		E - Income - Gifts - Travel Payments - schedule attached
		•
-or- None - No reportable in	terests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	CITY	STATE ZIP CODE
455 E Calaveras Blvde	Milpitas	CA 95035
DAYTIME TELEPHONE NUMBER	EMAIL ADDF	
(408)712-9710		andoll a & GAOL. Low
	preparing this statement. I have reviewed this state true and complete. I acknowledge this is a pu	atement and to the best of my knowledge the information contained blic document.
l certify under penalty of perjury und	ler the laws of the State of California that the	foregoing is true and correct.
Date Signed From	,2019 Signature _	
(month, day, ye	far)	(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

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A PUBLIC DOCUMENT

Date Initial Filing Received City Clerk's Office

MAR 08 2019

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Maglalang Ray 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position Planning Commission Commissioner ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of ____ Multi-County _ City of Milpitas Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through December 31, 2018. The period covered is _______, through The period covered is January 1, 2018, through the date of -or- leaving office. December 31, 2018. _____ Assuming Office: Date assumed _____/___ O The period covered is ___ the date of leaving office. _____ and office sought, if different than Part 1: ___ Candidate: Date of Election ___ 4. Schedule Summary (must complete) → Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- No reportable interests on any schedule 5. Verification MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 455 E Calaveras Blvd Milpitas 95035 EMAIL ADDRESS DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature (File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

FE3 1 4 2019

A PUBLIC DOCUMENT RECEIVED Please type or print in ink. NAME OF FILER (LAST) SUDHIR MANDAL 1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF MILPITAS Division, Board, Department, District, if applicable Your Position Commiscioner PLANNING COMMISSION ▶ If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ____ 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State Multi-County ____ City of MILPITAS 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/__ Annual: The period covered is January 1, 2018, through (Check one circle.) December 31, 2018. O The period covered is January 1, 2018, through the date of The period covered is ______, through -or- leaving office. December 31, 2018. Assuming Office: Date assumed _____/___ O The period covered is _____ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: _ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached **-Or-** None - No reportable interests on any schedule 5. Verification MAILING ADDRESS ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 455 E-CALAVERAS BLVD DAYTIME TELEPHONE NUMBER (408) 464-2538 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature _ (File the originally signed paper statement with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA F	OR	M 700)
Name	SHGE	.S COMMISSION	
SUDHIR	V	MAKIDA	\/

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
MANDAL SYSTEMS CONSULTING Name 790 KEVENAIRE DR., MILPITAL CA	Name
790 KEVENAIRE DR., MILPITAS, CA-Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
BUSINESS CONSULTING	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION OUNTED	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000 ☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	\$10,001 - \$100,000 \$500 - \$1,000 S1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF S10,000 OR MORE (attach a separate sheet if necessary.) None or Names listed below
► 4: INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
	Name of Business Entity, if Investment, or
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:__

SCHEDULE B

Interests in Real Property
(Including Rental Income)

CALIFORNIA	A FO	RM	7	0(
FAIR POLITICAL P	RĄCTI	CES CC	OMMIS	SION	
Name		200000000000000000000000000000000000000			
SUDDID	F	ΛΛ.	Δi	ΙNΑ	,

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1327 DANIEL CT.	
CITY	CITY
MILPITAS	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None BENSON CHERIAN	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
BENSON CALVIAN	
You are not required to report loans from a commerc	c without regard to your official status. Personal loans and
You are not required to report loans from a commerce business on terms available to members of the public	cial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business.	c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of LENDER*	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business OF LENDER* ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whom ITERM (Months/Years) None
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whose HIGHEST BALANCE DURING REPORTING PERIOD	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whose HIGHEST BALANCE DURING REPORTING PERIOD	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD

Comments: ___

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

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STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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City Clerk's Office

NAME OF FILER (LAST)	(FIRST)		MAR (MIDDLE) 19
Mohsin	Zeya		
1. Office, Agency, or Court			RECEIVED
Agency Name (Do not use acronyms)			
City of Milpitas			
Division, Board, Department, District, if	applicable	Your Position	
Planning Commission		Commissioner	
► If filing for multiple positions, list bel	low or on an attachment. (Do not use acror	yms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
☐ State		Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	ſ	County of	
☑ City of Milpitas			
∑ City of ———————————————————————————————————		Outlet	
3. Type of Statement (Check at	least one box)		
Annual: The period covered is J	_	Leaving Office: Date Left	
December 31, 2018.		(Check o	ne circle.)
-or- The period covered is _ December 31, 2018.	, through	 The period covered is January leaving office. 	ary 1, 2018, through the date of
Assuming Office: Date assume	J/	The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office sought, if diffe		
4. Schedule Summary (must Schedules attached	complete) ► Total number of p	ages including this cover p	page:
	□ Cab	edule C - Income, Loans, & Busin	oco Positions - schadula attached
✓ Schedule A-1 - Investments -✓ Schedule A-2 - Investments -		edule C - Income, Loans, & Busin edule D - Income – Gifts – schedu	
Schedule B - Real Property -		edule E - Income – Gifts – Travel	
Schodic B Trout Topolly			•
-or- ☐ None - No reportable i	interests on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended -		CA	95035
455 E Calaveras Blvd DAYTIME TELEPHONE NUMBER	Milpitas EMAI	L ADDRESS	
(401) 506-839			
I have used all reasonable diligence in	n preparing this statement. I have reviewed to six true and complete. I acknowledge this is	nis statement and to the best of my	knowledge the information contained
•	nder the laws of the State of California th		ect.
Date Signed 3-3-19	Signat	Maya M	Ausi.
(month, day,			r statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Zeya Mohsin
I

	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	Cisco	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Networking company	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000	\$2,000 - \$10,000
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other(Describe)
	(Describe) Partnership O Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
	O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
		//_18//_18_
	//	ACQUIRED DISPOSED
_	710 (011.12)	► NAME OF BUSINESS ENTITY
▶	NAME OF BUSINESS ENTITY	P TO WILL OF BOOKERS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock Other	Stock Other
	(Describe)	(Describe) Partnership O Income Received of \$0 - \$499
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
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	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//_18//_18	//_18//_18_
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
		GENERAL DESCRIPTION OF THIS BUSINESS
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$10,000 Stock,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	NATURE OF INVESTMENT
	Stock 'Other	Stock Other
	(Describe)	(Describe) Partnership (Oncome Received of \$0 - \$499)
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C,
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 18 / / 18	/ / 18 / / 18
	ACQUIRED DISPOSED	ACQUIRED DISPOSED

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Cofficial Use Only
FEB 26 2019

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Please type or print in ink.

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NAME OF FILER	Mohsin	(FIRST)	(MIDDLE)
1. Office, Agency	, or Court		
Agency Name (Do Division, Board, Dep	partment, District, If applicable	9 Play Your Position NMJSSION.	nning Commission
► If filing for multip	ole positions, list below of on an attachment.	(Do not use acronyms)	
Agency:	N/A	Position:	N/A
2. Jurisdiction o	of Office (Check at least one box)		
State		☐ Judge or Court C	commissioner (Statewide Jurisdiction)
Multi-County	4.6\	County of	
City of	lilpitas	Other	
3. Type of State	ment (Check at least one box)		,
	period covered is January 1, 2018, through mber 31, 2018.	☐ Leaving Office:	Date Left/(Check one circle.)
The	period covered is// mber 31, 2018.	leaving office	covered is January 1, 2018, through the date of e.
Assuming Offi	ice: Date assumed/	-or-	covered is/, through eaving office.
Candidate: Da	ate of Electionand office	e sought, if different than Part 1:	
4. Schedule Sun Schedules a		number of pages including t	this cover page:
Schedule	A-1 - Investments - schedule attached	Schedule C - Income, L	Loans, & Business Positions – schedule attached
	A-2 - Investments – schedule attached	-	Gifts - schedule attached
Schedule	B - Real Property - schedule attached	Schedule E - Income -	Gifts - Travel Payments - schedule attached
	reportable interests on any schedule		
5. Verification	644 N. Hilling Dr	Miloitas	CA 95035
MAILING ADDRESS (Business or Agency Add	STREET dress Recommended - Public Document)	CITY	STATE ZIP CODE
DAYTIME TELEPHONE (408) 94	6-6199	E-MAIL ADDRESS Zmohsin	
I have used all reas herein and in any a	sonable diligence in preparing this statement. I attached schedules is true and complete. I ac	I have reviewed this statement and to the sknowledge this is a public document.	the best of my knowledge the information contained
-	nalty of perjury under the laws of the State	,	true and correct.
Date Signed 2	-25 - 19	Signature Wood	e Molesin.
	(month, day, year)	(Àlle the ori	ginally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

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MAR 01 2019

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NAME	OF FILER (LAST)	(FIRST)	(MIDDLE)
Мо	ris	Demetress	
1. (Office, Agency, or Court		
7	agency Name (Do not use acronyms)		
	City of Milpitas		
Ī	Division, Board, Department, District, if applicable		Your Position
	Planning Commission		Commissioner
	▶ If filing for multiple positions, list below or on an attachr	ment. (Do not	use acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one box)	ngga kan kenjendupan mendi atah kharilpen kenjah dibah sai mendilan	
	State		Judge or Court Commissioner (Statewide Jurisdiction)
ı	Multi-County		County of
	☑ City of Milpitas		Other
Kananana	ony or		
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2018, through December 31, 2018.	ough	Leaving Office: Date Left/(Check one circle.)
	-or- The period covered is/	through	`
	December 31, 2018.	, tillougi	-or- leaving office.
	Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office soug	yht, if different than Part 1:
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	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	r- 🗷 None - No reportable interests on any s	schedule	
5.	<i>V</i> erification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	455 E Calaveras Blvd	Milpitas	CA 95035
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(408) 435-8074		Nemotresta adicom
	I have used all reasonable diligence in preparing this stater herein and in any attached schedules is true and complete		eviewed this statement and to the best of my knowledge the information contained lige this is a public document.
	I certify under penalty of perjury under the laws of the	State of Cali	fornia that the foregoing is true and correct.
	2/27/19		Simple / /
	Date Signed		Signature(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

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Please type or print in ink. NAME OF FILER (LAST) (FIRST) GURDEV SAND HU S 1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF MILPITAS Your Position Division, Board, Department, District, if applicable COMMISSIONER PLANNING COMMISSION ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State ☐ Multi-County ___ County of ___ XCity of MILPITAS Other ___ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/___ Annual: The period covered is January 1, 2017, through December 31, 2017. O The period covered is January 1, 2017, through the date of The period covered is ______, through leaving office. December 31, 2017. O The period covered is ______, through Assuming Office: Date assumed _____/_ the date of leaving office. _____ and office sought, if different than Part 1: ___ Candidate: Date of Election ____ Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-None - No reportable interests on any schedule 5. Verification CITY ZIP CODE MAILING ADDRESS (Business or Agency Address Recommended - Public Document) 95035 MILPITAS 487 BAYVIEW PARK DR. E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER as sandhy @ hot mail com (408) 586-9556 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed +ebruary 1,2019